

Texas Funeral Service Commission

Funeral Establishment

Application Guidelines

All applicants when applying for a new establishment license must comply with Texas Occupations Code Section 651.351, Funeral Establishment License Requirements, and Texas Administrative Code Section 203.9, Licensure of Funeral Establishments and Commercial Embalming Establishments, by supplying all the required documentation, including the Health and Fire Inspections.

An application for a funeral establishment license is required for the following situations:

- New Establishment
- Name Change of Existing Establishment
- Ownership Change of Existing Establishment
- Location Change of Existing Establishment

Read all requirements and instructions carefully. Please attach the following documents with your application:

- ☐ Licensing Fee of \$462.00
- ☐ Compliance Forms
 - ☐ General Price List
 - ☐ Casket Price List
 - ☐ Outer Burial Container Price List
 - ☐ Urn Price List
 - ☐ Funeral Purchase Agreement Form
 - ☐ Embalming Case Report Form
 - ☐ Authorization to Embalm Form
- ☐ Fire Inspection Form (or letter in lieu of if not required by local government)
- ☐ Health Inspection Form (or letter in lieu of if not required by local government)
- ☐ FDIC Appointment Form

Upon receipt and approval of the items listed above, the establishment will be contacted to schedule a physical site inspection by the TFSC inspectors.

No license will be issued until all documents are received and processed AND all inspections are completed.

Texas Funeral Service Commission Funeral Establishment Application

Name of Establishment _____

Physical Address _____

(street)

(city)

(zip)

Mailing address (if different from above) _____

Telephone Number _____ Fax Number _____

Email Address _____

Please check all that apply:

- ☐ New Establishment
- ☐ Name Change *
- ☐ Ownership Change *
- ☐ Physical Location Change *

* Provide the name and license number of existing establishment for changes starred above:

Is this establishment on cemetery property? Yes _____ No _____

Is this establishment on tax exempt property? Yes _____ No _____

Is there an establishment in the service area, county or city that bears a similar name?

- ☐ No
- ☐ Yes – Name: _____

TYPE OF BUSINESS

- ☐ Sole ownership / Name: _____
- ☐ Partnership / Name: _____
- ☐ Corporation / Name: _____

List names and addresses of the sole owner, partners, or officers of the corporation (attach additional sheet if necessary).

Name _____

Title _____

Address _____

Name _____

Title _____

Address _____

Name _____

Title _____

Address _____

EMPLOYEE LISTING

Licensed personnel employed and active in this establishment (attach additional sheet if necessary):

Name _____	License # _____
Name _____	License # _____
Name _____	License # _____
Name _____	License # _____
Name _____	License # _____

Non-licensed personnel employed and active in this establishment (attach additional sheet if necessary):

As the owner or officer of the funeral establishment:

- I hereby consent to reasonable inspection of this establishment and its records for compliance with the Mortuary Laws of the State of Texas at such times as may be designated by the Texas Funeral Service Commission.
- I shall designate to the Commission a Funeral Director in Charge, and such Funeral Director in Charge shall be directly responsible for the funeral directing and embalming of the licensed funeral establishment. Any change to the designation shall be given to the Commission within 15 days.
- I affirm that the statements and information contained in this application are true and correct.

Signature

Title

Before me, the undersigned, a notary public in and for the State of Texas, on this day personally appeared _____, known to me, who by me being placed under oath, disposes and says that he/she is the _____ (title) of the _____ (establishment).

Subscribed and sworn to before me this _____ day of _____ 20_____.

(SEAL)

Notary Public in and for the State of Texas

My commission expires _____



TEXAS FUNERAL SERVICE COMMISSION

APPOINTMENT OF FUNERAL DIRECTOR IN CHARGE

Establishment Name

License Number

Street Address

City

Zip

Funeral Director in Charge

License Number

Expiration Date

Date Appointed

Are you currently serving as FDIC/EIC at any other location(s)? Yes___ No ___

Establishment Name(s)

Location(s)

Establishment License #

As the Funeral Director in Charge, I am responsible to the Commission for the legal and ethical operation of this establishment and understand that I may be served with administrative process when violations are alleged to have been committed by the funeral establishment. I will notify the Commission in writing immediately if and when the relationship is terminated. I certify to the correctness contained in this application.

Funeral Director in Charge

Establishment Owner

Subscribed and sworn to me, the undersigned Notary Public of the State of Texas, on this the ____ day of _____,

Notary Public

My Commission Expires

(seal)

Address:
P. O. Box 12217
Capitol Station
Austin, Texas 78711

Toll Free: (888) 667-4881
Tel: (512) 936-2474
Fax: (512) 479-5064
website: www.tfsc.state.tx.us

Physical Address:
333 Guadalupe Street
Suite 2-110
Austin, Texas 78701